

STATE OF ARIZONA
NATUROAPTHIC PHYSICIANS MEDICAL BOARD

Request for written verification of licensure

There is a \$5.00 fee for written verification forms. A personal check or money order is required, made payable to AZND Board. 1400 W. Washington, Ste. 300 Phoenix, AZ 85007

Name and license number of naturopathic physician requesting this verification.

_____ License No. _____

_____ I am requesting written verification of my license to be mailed directly to:

Indicate the agency or person you would like the verification mailed to. Include the full mailing address. If you have a specific agency form, please include it with this request.

Thank you